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RURAL DISTRICT OF WAKEFIELD

1966 annual report

Medical Officer of Health
GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector
E. HEALD, M.R.S.H.


RURAL DISTRICT OF WAKEFIELD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1966



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WAKEFIELD RURAL DISTRICT COUNCIL**PUBLIC HEALTH COMMITTEE****1966 — 1967**

Councillor C. J. Kirk (Chairman)

Councillor H. E. Elsley (Vice-Chairman)

Councillor R. E. Cooper

Councillor E. Crossley

Councillor C. Darwell

Councillor J. T. Foley, J.P.

Councillor B. A. Hardcastle

Councillor C. W. Hooley

Councillor W. Howley

Councillor A. Mellor

Councillor F. W. Middleton

Councillor J. H. Milne, D.P.A.

Councillor T. W. Newton

Councillor P. Nussey

Councillor W. Sandham

PUBLIC HEALTH STAFF
WAKEFIELD RURAL DISTRICT.

Medical Officer of Health.
and Divisional Medical Officer.

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health.
and Senior Departmental Medical Officer.

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector.

E. Heald, M.R.S.H.

Additional Public Health Inspectors.

A. M. Barker, M.A.P.H.I.

Student Public Health Inspector.

M. Smith (appointed 18.10.65).

Public Health Inspector's Clerk.

Mrs. R. Reynolds

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services : Health Division 13

Assistant Departmental Medical Officers and School Medical Officers.

Irene Hargreaves, M.B., Ch.B.

Ralph David Hall, M.B., Ch.B., D.P.H. (Resigned 31.5.66).

Janet Gordon, M.R.C.S., L.R.C.P. (Appointed 6.3.67).

Divisional Nursing Officer.

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate,
Q.N., Admin. Cert. (Public Health Nursing) R.C.N.
(Resigned 31.1.66).

Miss A. Hibbard, S.R.N., S.C.M., H.V. Certificate
(Appointed 1.8.66).

Health Visitors.

Mrs. B. E. Clayton, S.R.N., S.C.M., H.V. Certificate.
 Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.
 Mrs. D. Gaines, S.R.N., S.C.M., H.V. Certificate
 (Appointed 1.8.66).
 Mrs. A. H. Humphries, S.R.N., S.C.M., H.V. Certificate
 (Resigned 31.5.66).
 Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate

Midwives.

Miss M. Campbell, S.R.N., S.C.M.
 Miss J. Davis, S.R.N., S.C.M. (Appointed 1.12.66).
 Miss B. B. Fearon, S.R.N., S.C.M.
 Miss A. C. Revely, S.R.N., S.C.M. (Resigned 9.1.66).
 Mrs. S. M. Stevens, S.R.N., S.C.M. (Appointed 13.9.66).

Home Nurses.

Mrs. L. Attack, S.R.N. (Relief Nurse).
 Mrs. M. E. Crane, S.R.N., S.C.M. (Appointed 15.7.66).
 Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.
 (Resigned 31.7.66).
 Mrs. M. R. Higgins, S.R.N., Queen's Nurse.
 Mrs. L. Jackson, S.R.N., S.C.M.
 Mrs. A. G. M. Wagstaff, S.R.N. (Resigned 4.2.66).
 Miss O. Hepworth, S.R.N., S.C.M., Queen's Nurse
 (Appointed 8. 2. 66).

Senior Mental Welfare Officer.

A. Emmerson.

Mental Welfare Officers.

J. R. Marshall, R.N.M.S.
 H. H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O.
 R. D. Stephens, R.M.N.

Junior Training Centre—Ossett

Mrs. A. Ellis, N.A.M.H. Diploma—Supervisor
 (Resigned 31.7.66).
 Miss S. M. Thistlethwaite, N.A.M.H. Diploma—
 Supervisor (Appointed 5.9.66).
 Mrs. M. E. Norman
 Mrs. I. Ellis

Senior Training Centre—West Ardsley.

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor.
 Miss G. Burlinson, N.A.M.H. Diploma.
 Mrs. B. Huntrods, N.A.M.H. Diploma.
 (Resigned 30.9.66).
 Mrs. S. A. Bourne, N.A.M.H. Diploma (Appointed
 3.10.66).
 Mrs. K. M. Poyner, S.E.N.
 Mrs. E. Wright
 B. K. Brook, N.A.M.H. Diploma.
 M. Grange.

Healey Croft Residential Hostel—West Ardsley.

R. Tyson, S.R.N., R.M.N. — Warden.
 Mrs. M. Tyson, R.M.N.
 Mrs. L. Jarman.

Chiropodists.

E. Fearby, F.Inst.Ch., S.R.Ch. (Part Time)
 Mrs. S. Hughes, M.Ch.S. (Part-time).

Child Guidance Service.

Dr. K. N. Maxwell, M.B., Ch.B.
 J. B. Mannix, M.Ed., Psychologist
 Mrs. J. M. Spurr, P.S.W.

Chief Clerk.

A. Wright, D.M.A., D.P.A.

Clerical Staff.

J. A. H. Lane, D.P.A. (Deputy Chief Clerk).
 (Resigned 13.11.66).
 D. Leach (Deputy Chief Clerk) (Appointed 16.11.66).
 Mrs. G. Aldred (Appointed 9.5.66). (Resigned 23.9.66).
 A. C. Attack
 C. C. Roberts (Resigned 31.3.66).
 P. M. Sheard.
 Miss C. Brennan.
 Mrs. G. Burton*
 Mrs. L. Crofton*
 Mrs. G. N. Dable*
 Miss M. Dunnett (Appointed 1.8.66).

Miss K. Edmondson.
 Miss K. Hill (Appointed 31.10.66).
 Mrs. M. E. Kilburn.
 Mrs. K. Marlow (Appointed 10.10.66).
 Miss R. M. Morris (Resigned 18.9.66).
 Miss M. G. Shackleton (Resigned 31.7.66).
 Mrs. M. Stollard (Appointed 23.5.66).
 Mrs. E. H. Thornber*
 Mrs. M. Thornburn.

*Part time.

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff.

Ear, Nose and Throat Surgeon.

T. B. Hutton, F.R.C.S.

Chest Physicians.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist.

K. K. Prasher, M.B., B.S., D.O.

Paediatricians.

J. D. Pickup, M.D., D.P.H.

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopaedic Surgeon.

Miss M A. Pearson. F.R.C.S

Divisional Health Office,

Windsor House,

Queen Street,

Morley.

29th December, 1967.

To the Chairman and Members of the Wakefield Rural District
Health Committee.

Mr. Chairman, Gentlemen,

I have much pleasure in submitting my Annual Report for
1966.

There have been several staff changes during the year. Dr. R. D. Hall resigned in May and the post remained vacant until March 1967 when Dr. J. Gordon was appointed. Miss A. Seelig who had been Divisional Nursing Officer for six years resigned to take up an appointment as Deputy County Nursing Officer in Devon under Dr. J. Lyons, County Medical Officer. Some members will recall that Dr. Lyons was a former Medical Officer of Health for the Rural District. Miss Seelig's successor, Miss A. Hibbard, was appointed in August.

From the vital statistics it will be seen that the birth rate remains at a relatively high level, there being 440 births compared with 403 in the previous year, and of these 440 births, 23 were illegitimate an increase of eight when compared with 1965. The death rate has risen to 11.1 deaths per thousand of the population but this still remains below the average for England and Wales. Deaths from cancer of the lung doubled from seven in 1965 to 14 this year, ten occurring in men and four in women and like the six deaths from cancer of the breast were the highest recorded.

VITAL STATISTICS

Area	21,344 acres
Population: Census 1961	20,211
Registrar General's Estimate of Resident Population mid 1966	22,520
No. of dwelling houses	7,599
Rateable Value	£591,348
Product of a penny rate	£2,369 14s. 5d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 19.2
Legitimate	409	205	204	
Illegitimate	23	12	11	
Still-Births:				Rate per 1,000 (live and still-births) 18.2
Legitimate	8	6	2	
Illegitimate	—	—	—	
Total Births:				
Legitimate	417	211	206	
Illegitimate	23	12	11	
Deaths	250	134	116	Death-rate per 1,000 of the estimated resident population 11.1

Maternal Mortality.

There were no maternal deaths.

Infant Mortality.

Ten infants under the age of twelve months died during 1966 giving an infant mortality rate of 23.1 per 1,000 live births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Prematurity	2	1	—	—	—
Broncho Pneumonia ...	—	—	—	—	4
Atelectasis	1	—	—	—	—
Septicaemia (Osteomyelitis)	—	—	—	—	1
Congenital Malformations	3	1	—	—	—

Infant Mortality Rate

Total infant deaths per 1,000 live births	23.1
Legitimate infant deaths per 1,000 legitimate live births	22.0
Illegitimate infant deaths per 1,000 illegitimate live births	43.5

Neo-Natal Mortality Rate.

Deaths under four weeks per 1,000 total live births	18.5
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Early Neo-natal Mortality Rate.

Deaths under one week per 1,000 total live births ...	13.6
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Perinatal Mortality Rate.

(Still births and deaths under one week combined per 1,000 total live and still births)	31.8
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CAUSE OF DEATH—WAKEFIELD R.D.

Cause of Death	1964			1965			1966		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	—	—	—	—	—	—	1	—	1
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases	—	1	1	2	—	2	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	1	1	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	1	1	2	—	—	—	1	—	1
10. Malignant Neoplasm—Stomach	3	4	7	4	1	5	2	3	5
11. Malignant Neoplasm—lung and bronchus	4	—	4	7	—	7	10	4	14
12. Malignant Neoplasm—Breast	—	3	3	—	1	1	—	6	6
13. Malignant Neoplasm; Uterus	—	—	—	—	—	—	—	3	3
14. Other Malignant and Lymphatic Neoplasms	6	6	12	8	8	16	5	10	15
15. Leukaemia and Aleukaemia	—	1	1	1	—	1	1	—	1
16. Diabetes	—	1	1	—	—	—	—	2	2
17. Vascular lesions of nervous system	18	14	32	11	21	32	14	20	34
18. Coronary disease: Angina	30	17	47	31	22	53	33	20	53
19. Hypertension with heart disease	1	3	4	1	1	2	1	2	3
20. Other Heart Disease	14	11	25	7	13	20	10	16	26
21. Other Circulatory Disease...	3	3	6	7	5	12	7	6	13

CAUSE OF DEATH—WAKEFIELD R.D. (Continued)

Cause of Death	1964			1965			1966		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza	—	—	—	—	—	—	—	1	1
23. Pneumonia	4	5	9	5	2	7	7	7	14
24. Bronchitis	10	5	15	17	5	22	16	3	19
25. Other diseases of respiratory system	2	—	2	3	—	3	3	—	3
26. Ulcer of stomach and duodenum	1	—	1	3	1	4	2	1	3
27. Gastritis, Enteritis and Diarrhoea	1	2	3	2	—	2	—	1	1
28. Nephritis and Nephrosis	—	2	2	1	1	2	—	—	—
29. Hyperplasia of prostate ...	—	—	—	2	—	2	—	—	—
30. Pregnancy, Childbirth and Abortion	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	2	—	2	1	—	1	1	2	3
32. Other defined and ill- defined diseases	11	9	20	1	9	10	15	6	21
33. Motor vehicle accidents ...	4	3	7	1	2	3	3	—	3
34. All other accidents	5	3	8	2	3	5	1	1	2
35. Suicide	2	2	4	2	1	3	1	2	3
36. Homicide & operations of war	—	—	—	—	—	—	—	—	—
Total all Causes	122	96	218	119	97	216	134	116	250

ANALYSIS OF DEATHS IN AGE GROUPS

Under 1		1 — 5	6 — 15	16 — 25	26 — 35	36 — 45	46 — 55	56 — 65	66 — 75	Over 75	Total	
		M	F	M	F	M	F	M	F	M		
M	F	—	—	—	—	—	—	—	—	—	M	F
5	5	1	1	—	—	4	6	20	18	40	134	116

VITAL STATISTICS OVER THE TEN YEARS 1957-1966

Year	Birth Rate	Peri-natal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of		No. of Deaths	
								Pul-monary	Non-Pul-monary	Diph-theria	Polio-myelitis	T.B. All forms	Can-cer of lung and bron-chus
1957	17.5	*	41.3	9.8	34.5	0.00	1.46	0.15	0.00	0	2	3	5
1958	17.8	*	19.2	10.2	28.0	0.00	1.54	0.00	0.00	0	4	0	5
1959	17.3	*	22.4	9.8	22.9	0.00	1.78	0.00	0.00	0	0	0	6
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	0	0	8
1961	18.7	55.4	32.7	10.8	31.2	0.00	1.90	0.00	0.00	0	1	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	0	1	3
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	0.00	0.00	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	0	0	4
1965	18.0	17.4	17.4	9.8	7.6	0.00	1.36	0.00	0.00	0	0	0	7
1966	19.2	31.8	18.2	11.1	23.1	0.00	1.95	0.04	0.00	0	0	1	14

* Figures not available.

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1966. Based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.

	Wake- field R.D.	Morley M.B.	Horbury U.D.	Ossett M.B.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov. isical Figs.)
Birth Rate (per 1,000 estimated population) .	19.2	17.7	15.8	21.3	18.4	18.0	17.7
Death Rates (all per 1000 estimated resident popu- lation). All causes ...	11.1	12.3	12.0	11.7	10.1	12.1	11.7
Infective & Parasitic Diseases	0.04	0.05	0.0	0.0	0.04	0.03	*
Tuberculosis of respiratory system	0.04	0.02	0.0	0.06	0.04	0.05	0.04
Other forms of tuberculosis	0.0	0.0	0.0	0.0	0.0	0.0	0.01
Cancer	1.95	2.14	2.24	2.11	1.62	2.0	2.25
Vascular Lesions of ner- vous system	1.51	1.63	1.68	2.05	1.52	1.87	*
Heart & Circ. Diseases...	4.22	4.71	4.70	3.85	3.78	4.68	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.64	1.61	1.68	1.55	1.33	1.72	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	23.1	22.0	0.0	29.1	19.0	19.8	19.0
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	0.0	0.0	0.0	0.0	0.10	0.25	0.26
Still Birth Rate (per 1000 live and still births) ...	18.2	9.0	20.8	14.3	13.0	14.4	15.4
Perinatal Mortality rate	31.8	27.0	20.8	22.9	23.2	25.1	26.3
Neonatal Mortality rate ..	18.5	19.5	0.0	8.7	11.4	12.6	12.9

* Figures not available

INFECTIOUS DISEASES
Annual Notifications 1962-1966

Diseases	Year of Notification				
	1962	1963	1964	1965	1966
Scarlet Fever	5	6	5	7	11
Whooping Cough	2	11	5	2	12
Acute Poliomyelitis ...	—	—	—	—	—
Measles	202	178	88	125	381
Diphtheria	—	—	—	—	—
Dysentery	—	1	—	3	1
Meningococcal Infection	—	—	—	1	2
Acute Pneumonia	16	11	3	4	2
Smallpox	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Paratyphoid Fever	—	—	—	2	—
Erysipelas	2	—	—	1	—
Food Poisoning	—	—	2	—	1
Puerperal Pyrexia	1	2	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	6	1	—	3	4
Other forms of Tuberculosis	—	—	—	—	1
Malaria	—	—	—	—	—
Anthrax	—	—	—	—	—

TUBERCULOSIS

Cases requiring examination are referred to either the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at 74 New Briggate, Leeds or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives the position regarding tuberculosis in Wakefield Rural District in 1966:—

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1966	25	13	38	1	3	4	42
No. first notified during 1966	2	2	4	1	—	1	5
No. of cases restored to Register	—	—	—	—	—	—	—
No. of cases entered in Register otherwise than by notification	3	—	3	—	—	—	3
No. removed from Register during 1966...							
(a) Died	3	—	3	—	—	—	3
(b) removed from district	1	—	1	—	1	1	2
(c) recovered	4	1	5	—	—	—	5
No. remaining on Register at 31st Dec., 1966	22	14	36	2	2	4	40

The number of new cases and the number of deaths notified during 1966 are given in detail in the following table:—

Age Period	NEW CASES				DEATHS			
	Respira- tory		Non- Respira- tory		Respira- tory		Non- Respira- tory	
	M	F	M	F	M	F	M	F
0-5	—	—	—	—	—	—	—	—
6-14	—	—	—	—	—	—	—	—
15-24	—	—	—	—	—	—	—	—
25-44	1	1	1	—	—	—	—	—
45-64	1	1	—	—	1	—	—	—
65 and over	—	—	—	—	2	—	—	—
Totals	2	2	1	—	3	—	—	—

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
LOCAL ADMINISTRATION
CLINICS

CHILD WELFARE CLINICS

Mini Clinic, Crofton * Monday 2—4 p.m.
 St. Luke's Hall, Sharlston * Tuesday 2—4 p.m.
 Ramsey Crescent, Middlestown * Tuesday 2—4 p.m.
 Village Institute, Crigglestone * Wednesday 2—4 p.m.

MOBILE CLINIC

(Alternate Mondays)

Recreation Ground, Walton, 9-30—11-30 a.m.
 Long Row, Sharlston, 2-0—3-0 p.m.
 Park Avenue, Kirkthorpe, 3-15—4-0 p.m.

ANTE-NATAL CLINICS.

Precede all Child Welfare Clinics. 1-30—2-0 p.m.

RELAXATION CLINICS.

Mini Clinic, Crofton Tuesday 2—4 p.m.
 St. Luke's Hall, Sharlston, Monday 2—3 p.m.
 Ramsey Crescent, Middlestown, Wednesday 2—4 p.m.
 Village Institute, Crigglestone, Monday 2—4 p.m.

SPECIALIST SCHOOL CLINICS.

Dental Clinic, held at Ossett and Wakefield by appointment.
 Ophthalmic Clinic, held at Ossett and Wakefield by appointment.
 Child Guidance Clinic, held at Ossett by appointment.
 Speech Therapy, held at Ossett by appointment.

IMMUNISATION AND VACCINATION CLINICS

All Child Welfare Centres.

CHIROPODY

Mini Clinic, Crofton, Friday 9—12 noon by appointment.
 St. Luke's Hall, Sharlston, Friday 1-30—5 p.m. by appointment.
 Ramsey Crescent, Middlestown, Tuesday 9—12 noon by appointment.
 Village Institute, Crigglestone, Wednesday 9—12 noon by appointment.

MOBILE CLINIC

Walton—By appointment.

Kirkthorpe—By appointment.

Sharlston—By appointment.

Newmillerdam—By appointment

* Combined with a School Clinic Session.

CHILD WELFARE CLINICS.

Clinic	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1966	1961-65	1966	1961-65	
St. Luke's Hall, Sharlston Village Institute, Crigglestone	48	60	96	530	844	29
Mini Clinic, Crofton ...	52	97	116	668	647	25
Ramsey Crescent, Middles-town	48	75	75	603	388	21
Walton Mobile	48	63	107	648	1047	35
Sharlston and Kirkthorpe Mobile	20	26	44	196	157	17
	20	15	28	122	98	11
Total	236	336	466	2767	3181	23

In accord with modern thought and practice on child care routine weighing of babies over the age of two months has ceased in all Child Welfare Clinics in the Division and after this age further weighings are carried out at the discretion of the Health Visitor or Clinic Doctor. This is reflected in the overall drop of attendances over the year although the actual number of children attending the clinics has remained fairly constant. This decrease in attendances now permits the trained staff to devote their time to advise mothers and provide protection against preventable diseases in children, the chief aim and purpose of any Child Welfare Clinic.

Ante Natal Clinics.

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Crigglestone	9	3	15
Walton Mobile	2	2	2
Total	11	5	17

The numbers of women who attend ante-natal clinics continues to decline, as more and more visit the ante-natal sessions held by their general practitioners and the time has come to consider discontinuing this service.

Relaxation Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Sharlston	11	13	28
Crigglestone	16	9	24
Crofton	46	33	208
Middlestown	—	—	—
Total	73	55	260

Dental Treatment for Expectant and Nursing Mothers.

Expectant and nursing mothers are referred from ante natal or child welfare clinics to local health authority Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 56 in the Division, but only 41 of these completed treatment.

Provision of Welfare Foods

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are distributed at the Child Welfare Clinics.

Many proprietary brands of milk and other infant foods are also sold at the Child Welfare Clinics for the convenience of mothers and special brands of milk are ordered when necessary.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity	4	128
Chronic Sick & Tuberculosis ...	202	30552
Others	6	464
	<hr/> 212	<hr/> 31144

There were 212 cases attended by Home Helps during 1966 compared with 198 in the previous year, and the total number of hours worked was 31,144. This is 1,117 more than in 1965.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given below:—

Clinic	Sessions held	No. of Patients Treated				Total Treatments Given			
		A	PH	EM	Total	A	PH	EM	Total
Crofton	8	19	—	—	19	62	—	—	62
Crigglestone	30	44	4	—	48	229	23	—	252
Middlestown	21	40	—	—	40	162	—	—	162
Sharlston	23	37	1	—	38	116	6	—	172
Mobile Clinic	12	27	—	—	27	73	—	—	73
Total	94	167	5	—	172	692	29	—	721
Domiciliary Treatments	—	81	12	—	93	351	53	—	404
Grand Total	—	248	17	—	265	1043	72	—	1125

A — Aged

PH — Physically Handicapped.

EM — Expectant Mothers.

The Chiropody Service is limited to expectant mothers, men and women of pensionable age and those of any age who are physically handicapped. Treatment is free but each person is normally limited to a maximum of six clinic or domiciliary visits in any period of twelve months.

HOME NURSING

The County Council is responsible for the Home Nursing Service in the Rural District of Wakefield the four whole time home nurses being resident in their own homes.

TYPE OF PATIENT UNDER CARE OF HOME NURSE

Classification	No. of individual patients attended	Total number of visits made
Medical	336	11296
Surgical	87	1860
Infectious Diseases	—	—
Tuberculosis	5	357
Maternal Complications	7	30
Other Conditions	8	52
Total	443	13595

There has been very little change in the nature of the home nurses' work during the year and the majority of patients fall into the 65+ age group and suffer from a medical condition of a chronic nature. It is hoped in the near future to attach district nursing staff to general medical practitioners continuing the trend towards team work and encouraging direct communication between the family doctor and the home nurse.

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near "breaking point" having cared for a patient at home for a considerable time, and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters-in".

During the year one patient suffering from cancer received the service in the division, a "sitter-in" being employed on this occasion.

MIDWIFERY

Four whole-time midwives (resident in their own homes) were employed by the County Council to serve the Wakefield Rural District during 1966.

The following table shows the number of women confined in hospital, private nursing home, or delivered by midwives and private practitioners in Wakefield Rural District or elsewhere.

Place of Delivery	No.	Percentage of total
Delivered in hospitals	198	45 %
Delivered in private nursing homes	—	0.0 %
Delivered by Midwife	242	55 %
Total (including still-births)	440	100 %

During 1966 the practising midwives summoned medical assistance to 5 mothers.

REASONS FOR MIDWIFE CALLING MEDICAL AID

MOTHERS

Cause	No.
Breech Presentation	1
Incomplete Abortion	2
Post Partum Heamorrhage ...	1
Ante Partum Haemorrhage ...	1
	5

All midwives are employed on full midwifery duties and there have been no appreciable difficulties in domiciliary confinements during the year.

There has been a sharp decrease in domiciliary confinements in all parts of the division except the Rural District. This may be partly due to a decrease in the birthrate during 1966 compared with the previous year or could indicate the expectant mothers are more willing to accept hospital confinement should this be advisable even if it means an early discharge from hospital after delivery. I give below a comparison of early discharges from hospital for the years 1965 and 1966:—

	1966	1965
Patients discharged at 48 hours	131	57
Patients discharged after 48 hours, up to and including the 5th day	128	115
After the 5th but before the 10th day	178	146
Total ...	437	318

Close co-operation with the general practitioners has continued and in the division seven ante-natal clinics are held in general practitioners' surgeries which are attended by domiciliary midwives.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

Analgesia.

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1966 175 women received trilene.

Emergency Obstetric Unit.

The "flying squad" attached to the General Hospital, Wakefield is available for obstetric emergencies occurring within the district.

Care of Premature Infants.

Special equipment and nursing staff are available for use in the home in cases requiring them.

SURVIVAL OF PREMATURE BABIES (Domiciliary and Hospitals)

Weight at Birth	No. of Premature Babies		No. Dying within 28 days	No. Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lb.	3	—	3	—
2½ to under 3 lb. ...	3	—	2	1
3 to under 3½ lb. ...	1	—	—	1
3½ to under 4 lb. ...	3	1	1	2
4 to under 4½ lb. ...	3	1	—	3
4½ to under 5 lb. ...	11	1	—	11
5 to 5½ lb.	9	2	—	9
Total	33	5	6	27

Maternity Liaison

One invitation was received from Staincliffe Hospital to discuss the difficulty in contacting domiciliary midwives during the weekend which had been experienced by the Hospital staff.

It was decided that monthly rotas of midwives on duty at the weekend should be sent to each hospital. This has been appreciated by midwives and hospital.

HEALTH VISITING

The principal role of the Health Visitor according to the Jamieson Report of 1956 is one of health education and social advice and for this purpose she visits the homes to offer guidance on the care of children, persons (including adults) suffering from illness, and expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection. Her duties are frequently combined with those of School Nurse and she is thus able to follow the pre-school child into school and maintain contact with him or her until school leaving age is reached.

SUMMARY OF HEALTH VISITORS' HOME VISITS

Children aged 0-5 years	
First visits	1815
Re-visits	3099
Total	4914
Persons aged 65 years and over:	
First visits	400
Re-visits	1237
Total	1637
Visits to Home Help Cases	2105
Mental Health Visits	8
Visits to Hospital Discharges	56
Household Visits (T.B. and Infectious Diseases)	30
Other Visits	288

Difficulty still exists in maintaining a full health visiting establishment and because of this shortage of trained staff certain duties in the past undertaken by the Health Visitor are now delegated to less qualified personnel, who are designated assistant to Health Visitor in order to allow the fully qualified Health Visitor to fulfil her role as social advisor and health educator. The duties of the assistants to Health Visitors have been outlined in my last report and they are largely employed in the School Health and Home Help Services.

This dilution of staff has been studied by a Sub-Committee appointed by the Standing Nursing Advisory Committee and their findings and recommendations were published in a Ministry of Health report in June, 1965, entitled "Use of ancillary help in the local authority nursing services". Many of these recommendations have been carried out in this Division for several years, some due to dire necessity but all in order to improve the efficiency of the service. The report stresses the importance of ensuring that the best use is made of the skills of a qualified nurse, who is entitled to expect that the job she does will enable her to use fully the skills she has acquired.

Attachment of Health Visitors

Health Visitor attachment is working well in the Borough of Morley. All General Practitioners have found the attachment valuable and some state that liaison with the local Health Authority services have reduced duplication of visits, eliminated conflicting advice and increased co-operation with the Public Health Department. Attachment was extended in 1966 to Ossett, two Health Visitors being attached to a group practice of five doctors.

Phenylketonuria

The "Phenistix" test on all new born babies has continued and during the year 1,579 babies were tested either in clinics or in the home. All children tested proved negative and thus free from a disease which, if not treated in the early weeks of life, can produce severe mental sub-normality.

Congenital Dislocation of the Hip (Ortolani Test).

This test has been explained in my last report and as stated this test checks the hip abduction movement. A positive case which indicates a congenital dislocation of the hip must

be referred promptly to an Orthopaedic Consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. In the Division two babies were referred to a specialist during 1966 but neither was confirmed as a case of congenital dislocation of the hip.

Practical Training of Students

Since the new syllabus of training for Health Visitors came into operation in October, 1965, this Division has not taken such active part in providing practical training. Students have, however, been received for weekly periods in order to obtain County health visiting experience.

Hospital student nurses still have the two days' district experience during general nursing training to supplement lectures on social aspects of disease. This period, though brief is very much appreciated by the students as it supplies the social, economic and cultural background of the patients they are nursing in the wards.

IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act immunisation against diphtheria, and vaccination against whooping cough, tetanus, smallpox and poliomyelitis may be done either at the clinics or by the Family Doctor.

The number of children in Wakefield Rural District who completed a primary course of immunisation or vaccination in 1966 was as follows:—

Type of Immunisation or vaccination	Year of Birth					Others under Age 16	Total
	1966	1965	1964	1963	1959-62		
Diphtheria	217	148	5	4	23	24	421
Whooping Cough	217	148	5	4	7	—	381
Tetanus	217	148	5	4	26	26	426
Poliomyelitis	194	243	23	6	55	154	675

The number of children in Wakefield Rural District who received re-inforcing doses during 1966 was as follows:—

Type of Immunisation or Vaccination	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Diphtheria	—	74	5	—	236	155	470
Whooping Cough	—	74	3	—	4	—	81
Tetanus	—	74	5	—	236	169	464
Poliomyelitis	—	21	3	—	137	131	292

Vaccination against Smallpox.

During the year 170 people were vaccinated against smallpox.

B.C.G. Vaccination against Tuberculosis.

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in 1966.

The following table is a summary of the work carried out in the year:—

School	No. of children whose parents accepted	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton Cty. Secondary School	59	55	3	52	47

During the year a case of tuberculosis was notified which resulted in the whole of a County Secondary School being skin tested. Twenty-two children and all the staff were referred for x-ray but no case of tuberculosis in any of the possible contacts was detected.

B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated, and one Child Minder has been registered during the year.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of twenty-one cases from Wakefield Rural District have been discussed at the meetings during 1966.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
DIVISIONAL ADMINISTRATION
HEALTH EDUCATION

Attempts were made to continue the health education programme as set out in last year's report but with the resignation of the Divisional Nursing Officer and a lapse of some ten months before Miss Hibbard took up her appointment together with the absence of key members of staff due to sickness brought the programme to its knees and little new was accomplished during 1966.

The following programme was planned and partially implemented:—

January—February	Home Safety
March—May	Lung Cancer
June—July	Poisons Campaign
August—October	Summer Accidents
November—December	Firework Safety and Christmas Safety

For the Poisons Campaign (the idea for which originated at the Morley Home Safety Committee) we enlisted the support of the Morley Chemists and held a "Return of Drugs Week". Unfortunately at this point we suffered the loss of a key member of staff due to sickness and this resulted in a collapse of the organisation of the campaign which was followed by a complete failure of the "Return of Drugs Week". As I said last year in any crisis in the staff situation, health education is the first to go out of the window, in spite of considerable effort this was shown to be true yet again.

Home Safety Committees continue to function both in Morley and The Gaskell areas of the Division and during the year it was agreed by the latter Committee that very often the electrical installation done by the householder was more to blame for accidents in some cases than the electric wiring and that the YEB did not publicise the checking facilities enough to private householders. It was decided to run a course of lectures subject to confirmation by the R.O.S.P.A. on the Do's and Don'ts of the home electrician. The course to be run by Mr. Falconer, Y.E.B. representative to Home Safety Committee. The first lecture was held in the Town Hall, Ossett, in September 1966 and was attended by about fifty people.

Teaching by Health Visitors in Schools.

Health Education programmes have been followed in five Secondary Modern Schools. This has included films, slides, talks and discussions on the Principles of Healthy Living. Some children have prepared books on the various subjects whilst others enjoyed a period of questions and answers.

Most Health Visitors have received training in the use of the projector, the remaining few to attend for instruction in the near future.

Mothers' Clubs and their activities.

Two Mothers' Clubs meet regularly in the Division. The Ossett Club meets fortnightly and the Morley Club monthly. Speakers have been arranged to give talks on a variety of topical subjects and visits have been arranged to places of interest.

It is hoped that 1967 will see the present modest programme strengthened and improved.

THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the latter part of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Fifteen such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 97 live illegitimate births 62 were dealt with in this Division as indicated below:—

	West Riding Cases	Non- County Cases	Total
1. No. of cases dealt with during the year			
(a) Referred by Moral Welfare Organisations	5	—	5
(b) Ascertained through own staff (midwives, etc.)	19	—	19
(c) Referred by other services	38	—	38
TOTALS ...	62	—	62

2. Analysis:—

(a) Married* (i) with previous illegitimate children

(ii) Without previous illegitimate children

(b) Single (i) with previous illegitimate children

(ii) without previous illegitimate children ...

(c) Widowed or Divorced

(i) with previous illegitimate children

(ii) without previous illegitimate children ...

TOTALS ...

	West Riding Cases	Non-County Cases	Total
(a) Married* (i) with previous illegitimate children	2	—	2
(ii) Without previous illegitimate children	6	—	6
(b) Single (i) with previous illegitimate children	13	—	13
(ii) without previous illegitimate children ...	39	—	39
(c) Widowed or Divorced (i) with previous illegitimate children	—	—	—
(ii) without previous illegitimate children ...	2	—	2
TOTALS ...	62	—	62

*For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

3. Ages:—

(a) Under 15

(b) 15—19

(c) 20—24

(d) 25—29

(e) 30—39

(f) 40 and over

TOTALS ...

	West Riding Cases	Non-County Cases	Total
(a) Under 15	—	—	—
(b) 15—19	33	—	33
(c) 20—24	14	—	14
(d) 25—29	8	—	8
(e) 30—39	7	—	7
(f) 40 and over	—	—	—
TOTALS ...	62	—	62

	West Riding Cases	Non- County Cases	Total
4. Disposal:—			
(a) Cases settled:—			
(i) Marriage	3	—	3
(ii) Baby died	3	—	3
(iii) Grandparents to take baby home	3	—	3
(iv) Baby adopted	11	—	11
(v) Baby fostered	—	—	—
(vi) Mother keeping baby	41	—	41
(b) Cases referred else- where	—	—	—
(c) Cases in which action has been taken but not finally settled	1	—	1
TOTALS ...	62		62

Close co-operation between Moral Welfare Workers Children's Officers and Health Visitors exists, thus ensuring the best possible arrangements for the infants.

CARE AND AFTER-CARE

Recuperative Home Treatment

Ten patients were sent to various convalescent homes from this Division during the year following the medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,325 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheelchairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service is gradually being superseded by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital. One carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital and Wakefield General Hospital. The Health Visitor visits weekly and obtains environment reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The Health Visitor also attends a follow-up clinic at Manygates Hospital.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contacts with the respective health visitor and attending a follow-up clinic.

Diabetic Liaison

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

The liaison health visitor contacts Headlands Hospital twice daily, when patients are referred to her whose admission to hospital has been requested by their General Practitioner. The health visitor visits and writes a report giving all relevant details to the Geriatrician, including degree of urgency for admission. Should an admission be of a very urgent nature the hospital is contacted by 'phone rather than by written report and arrangements are made without delay, providing a bed is available. The health visitor also attends a weekly discharge review round where arrangements are made for the patient to return home, and this includes notification of relatives and mobilisation of statutory and voluntary agencies should these services be required.

MENTAL HEALTH

Mental Welfare Officers

There are now three Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons and with admission of such patients to hospital when this becomes necessary. A twenty-four hour admission service is operated. Recognition of the Mental Welfare Officers' services in the community continues to gain ground and more and more requests for assistance in dealing with social problems which do not necessarily involve clinical diagnosis are being made. During the past year there has been an increase in the number of people visiting the Divisional Health Office for advice. This is a rather encouraging feature of the pre-care side of the mental health as members of the public are becoming more aware of the help which can be given by trained officers.

Since the attachment of health visitors to general practitioners many more border-line cases have been brought to the attention of the mental health service, but there is no doubt that much more can be done in this direction as regards the direct contact between Mental Welfare Officers and General Practitioners. Clearly it is not possible to attach three mental welfare officers to the many general practitioners in the Divisional Area. However the future health centre at West Ardsley and the use of Morley Central Clinic by the general practitioners gives us an opportunity to experiment in this field.

Many old people are not coming to the notice of the Welfare Services until they present a real emergency in the community. A number of the problems passed on to the Mental Welfare Officers concern the elderly person who has become disturbed mentally and because of the mental condition a regular and adequate diet has not been maintained. There is no doubt that the poor nutritional state contributes to the deterioration as much as the mental condition and on admission to hospital such cases respond well to medical treatment and a balanced diet.

Shortage of hospital beds during 1966 has presented quite a problem and many patients who might have benefitted by short-term in-patient treatment on an informal basis have to be admitted compulsorily at a later stage. In circumstances such as this it is quite impossible to implement the 1959 Mental Health Act to its fullest and most beneficial extent.

	Mentally ill				Elderly mentally infirm				Psychopathic				Subnormal				Severely Subnormal				Total
	Under age 16		16 and over		Mentally infirm		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1 Total number	—	—	142	179	7	17	—	—	—	—	—	—	21	22	83	75	—	2	1	549	
2 Attending train. centre	—	—	—	—	—	—	—	—	—	—	—	—	21	20	24	25	—	1	1	92	
3 Awaiting entry to train. centre	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	
4 Receiving Home treatment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Awaiting Home train.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Resident in LA home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	14	—	—	—	28	
7 Awaiting residence in LA Home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Resident at LA exp. in other homes/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Resident at LA exp. by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10 Attending day hospitals	—	—	10	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	
11 Rec. home visits and not inc. in lines 2—10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(a) suitable to attend a training centre	—	—	132	167	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	300	
(b) others	—	—	—	—	7	17	—	—	—	—	—	—	—	—	45	36	—	—	—	105	

Psychiatric Social Club

This club continues to be held every week at Morley Central Clinic and the average attendance has improved during the year. There seems little doubt that these meetings held in an informal and relaxed setting are proving to be of considerable therapeutic value. Its success of course can only be measured by the amount of interest shown by individual club members coupled with the effective return of some of them to establishing a more rational and meaningful life. Table tennis, dominoes, card games, beetle drives, darts, deck quoits and bingo all remain popular. The record player continues in full use and tea and biscuits are served each club night.

TRAINING CENTRES

Ossett Junior Training Centre

Mrs. Ellis, the former supervisor left at the end of the summer term to take up an appointment as supervisor at Hemsworth Comprehensive Training Centre and Miss Thistlethwaite joined the staff in the September.

The year started with 24 children on roll and ended with 22 children in the age range being 3—9 years, the Centre having 27 places. Fifteen children were admitted to the Centre and 7 discharged, of these 5, who were from the Pontefract area were transferred to Hemsworth Training Centre. Preparations were made to transfer 10 Morley children to West Ardsley Training Centre in January, 1967. It will be recalled that in 1965 the age of transfer to the West Ardsley Centre was lowered from eleven to nine years because of overcrowding and the above measures were taken to alleviate a similar situation which developed in 1966. It is now hoped that further accommodation will be provided at Ossett either by extension or rebuilding within the next two to three years.

Ages of Children in Years in Attendance at Ossett Training Centre, December 31st, 1966

Sex	AGE								Total
	2+	3+	4+	5+	6+	7+	8+	9+	
M.....	—	3	—	3	2	3	2	—	13
F.....	—	—	—	—	3	4	—	2	9
Total ..	—	3	—	3	5	7	2	2	22

The average age of the children is 6 years and the training programme provides organised purposeful activities supported by music. The introduction of cookery has been very successful especially with the older children who have been in to the town buying their own ingredients.

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. A cadet is attached to the Centre and students on the Leeds course for Teachers of the Mentally Handicapped are seconded for periods of six weeks for practical training. There is a kitchen staff of one who works part-time, a cleaner and a handyman gardener.

Since Mrs. Ellis the former supervisor left there has been no contact with H.M.S. Zulu which adopted the Centre in 1964 and 1965.

The Parent Teacher Association continued holding regular meetings and financed a trip to the pantomime and were responsible for the purchase of a climbing frame.

West Ardsley Training Centre

There were 73 trainees in attendance at this Centre at the end of the year as follows.

Ages of Trainees in Attendance at West Ardsley Training Centre, December 31st, 1966

Section	Junior						Adult				Special Care Unit		Total
	Junior Group			Transitional							Various Ages		
	+10	+11	+12	+13	+14	+15	+16	+20	+30	+40			
Age													
Male	—	—	—	—	1	3	11	9	1	4	2	31	
Female	1	2	1	1	3	3	8	9	4	6	4	42	
Totals	1	2	1	1	4	6	19	18	5	10			
	4				11		M 25		F 27		6	73	
Places	12				12		M 23		F 23		6	76	

The hiatus in the age range 10 to 13 years and the potential transfer of the fifteen year old children to the adult section led to the preparations for the temporary transfer of ten Morley children from Ossett Training Centre pending a solution of the problem of overcrowding at the Centre.

The training programme in the Junior section has maintained steady progress being geared towards the children's individual needs in order to give every opportunity to develop any potentiality and is thus a very flexible programme. Visits are still paid to the local swimming baths where instruction is given by members of the Centre staff and a cine film taken in the baths shows the obvious enjoyment of the children quite clearly. During the year four students from the Leeds course for training Teachers of the Mentally Handicapped were seconded at different times for periods of six weeks for practical training in the junior section.

It is interesting to see the type and volume of industrial work now being carried out in the adult section of this Centre and the table below itemises the type of goods manufactured in 1966.

Industrial Work produced at West Ardsley Training Centre in 1966

FEMALE DEPARTMENT

Dressing Gowns (Clinics)	9
Blackout Curtains (Schools)	53
Anti-sunglare Curtains	200
Screen Curtains (Clinics)	64
Pinarettes (Old Folks' Homes)	114
Linings for Nurses' Bags	12
Sewing of Washleathers (Ambulances)	100
Christmas Crackers (Schools, Welfare Homes)	6000
Workholder Cases (Schools)	7760
Large Blotting Pads	156
Laundry (Training Centre and Hostel)	420 articles per week
Tea Towels	354
Team Sashes	20

MALE DEPARTMENT

Firewood	1,277 bags
4ft. Art Easles	49
Corner Flag Poles	456
8ft. Map Poles	65
5ft. Height Measures (Schools)	118
4ft. Stilts	96
3ft. Stilts	190
Notice Boards	18
Chair Renovations	48
Bed Renovations	17
Maintenance of grounds at Training Centre and Hostel	As required

Nearly all the above work is as a result of contracts negotiated centrally between the County Medical Officer and the Central Supplies Department of the County Council and the money earned after deduction of the cost of materials is credited to the Centre. Private contracts were also negotiated during

the year and that between the Centre and Jappa Mills resulted in the stringing of paper carrier bags of all shapes and sizes. Money earned by this contract is also credited to the Centre. The adult trainees can now earn a minimum of 7 shillings and sixpence a week and up to thirty shillings a week. Rises are related to endeavour rather than production figures but the latter obviously must play a part when decisions are made. The maximum is placed at thirty shillings because up to this figure no deduction is made from the Social Security Allowance.

Ten adult trainees from the Hostel were placed in outside employment during the year. Educational training is also carried out in the adult section and includes reading, writing, personal hygiene, self care, money, values, local knowledge and general knowledge e.g. use of post office services including the telephone.

An annual medical inspection is carried out on all children in the junior section and this year an attempt was made to bring their immunisations and vaccination state up to date. The adult male trainees were also offered protection against tetanus in view of the work on maintenance of the Centre and Hostel grounds.

An Open Day was held on the 22nd June, 1966 which was well attended by members of the general public and by the parents of the trainees who were given a special invitation. The Centre remained open until 9 p.m. The Parent-teacher Association continues to function most successfully and after some discussion has now fixed its sights on the provision of a swimming pool for the Centre.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely sub-normal who are in many cases also badly physically handicapped. The ages in the Unit are varied and are as follows:—

Ages of Trainees Attending Special Care Unit December 31st, 1966

Sex	Male		Female			
Age	7	27	6	9	19	5

This Unit serves a valuable purpose in that it gives great relief to parents throughout the day as the trainees are conveyed to and from the Centre by special transport.

Here the trainees are helped to learn to walk and use their limbs and we can record several successes with toilet training which have pleased the parents.

HOSTELS

Healey Croft Hostel.

This Hostel which was completed in 1965 has places for 29 subnormal adults, 14 male and 15 female and there is a bed in the sick-bay which can be used for short stay cases in an emergency. The staff consists of a warden, two assistant wardens (all residential) an attendant (non-residential but sleeping in if the warden and his wife, who is one of the assistant wardens, are away), two part-time cooks, five part-time domestic assistants and a part-time caretaker.

Age and Sex of Residents at Healey Croft at the 31st December, 1966

Sex	AGE								Total
	16+	19+	22+	25+	30+	40+	50+	60+	
M	4	1	—	3	3	1	2	—	14
F	2	4	—	—	4	3	2	—	15
Total.	6	5	—	3	7	4	4	—	29

There have been 19 admissions during the year which can be summarised as follows:—

- (a) Subnormal adults living in hospital or other institutions 4
- (b) Subnormal children residing in County Children's Homes who attain the age of 18 years and are considered to be in need of continued supervision 3
- (c) Short stay admissions (hospitalisation of parent, etc). 3
- (d) Admissions from general community on social grounds 9

The 13 discharges which occurred during the same period can also be summarised as follows:—

- (a) Short stay admissions 4
- (b) Discharged to lodgings 3
- (c) Returned to former home environment 5
- (d) Admission to hospital 1

SCHOOL HEALTH SERVICE

There has been very little change in the general administration of the School Health Service, apart from those of staff which have caused a little difficulty at times, but with the co-operation of general practitioners all our commitments have been met.

Under the routine and selective scheme of medical examination 3,434 children were examined, and there were no children who were considered to have an unsatisfactory general physical condition.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments	29	11	6	18	64
No. of children in attendance	6000	2800	1250	2400	12450
No. of children examined	1636	683	433	682	3434

The numbers of children examined on entering Infant schools and the numbers leaving Secondary Schools were as shown in the following table:—

ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		WakefieldR		Total	
	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis	Satis	unsatis
Entrants	521	—	259	—	179	—	250	—	1209	—
Leavers	461	—	212	—	117	—	138	—	928	—
Total	982	—	471	—	296	—	388	—	2137	—

Children attending Junior Schools are covered by the non-routine Scheme, and the numbers of these children who were examined are shown under "Selective Examinations" in the following table:—

SPECIAL EXAMINATIONS

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special examinations ...	392	157	101	171	821
Selective examinations .	262	55	36	123	476
Total	654	212	137	294	1297

Many of the admissions from the general community are because of or as a result of the various stresses and strains produced in a household where there is a subnormal adult. Many of these admissions after a period in Healey Croft return to the same environment and one might expect the same or similar situations which resulted in the original admission to recur in the future in a high percentage of cases. Whether of course the answer to such future situations will result in admission to the Hostel will of course depend on the local mental welfare services and the availability of the places in Healey Croft.

Of the 19 admissions, 7 were capable of employment and the remaining 12 attended the training centre and by the end of the year of the 29 residents, 12 (nine males and 3 females) were in full time competitive employment and 17 (five males and twelve females) were in attendance at the training centre. During the year one male and two female residents were successfully placed in full time employment following a period in attendance at the West Ardsley Training Centre and these three residents are maintaining a good work record.

This is the first full operational year of the Hostel and it has become a more adequate and settled home to the now full quota of residents which is apparent in the relationships which have developed between staff and residents and between the residents themselves. This stability and the resulting atmosphere provided has a considerable settling effect on new residents and makes the work of the staff so much easier.

Lee Grange Hostel.

This hostel remains under construction.

Further Projects.

Provision is being made in future budget estimates for extensions to the junior section and special care unit at West Ardsley Training Centre.

Provision is also being made for the erection of a sheltered industrial workshop for the mentally handicapped on a site adjoining the existing Training Centre and Hostel.

CLEANLINESS

Fifty-five children were excluded from school, some on more than one occasion during the year, because of head infestation and of these 14 children were compulsory cleansed. This compares with 53 exclusions and 8 compulsory cleansings in 1965. Nevertheless in the overall picture nearly a thousand more examinations were made and 99 fewer cases of infestation were found, the percentage of infestation in the Division in 1966 being 2.2 compared with 2.6 last year. Legal proceedings were taken against the parents of 1 child but though the fine imposed is negligible the publication of details in the Press does have a certain negative health educational value.

The health visiting staff makes routine inspections to the schools and all cases of infestation are followed up with advice and supplies of shampoo for the affected child and where necessary for other members of the family.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wakefield R	Total
No. of children examined	16322	5027	3674	7621	29814
No. of cases of infestation	377	172	9	104	662
% of infestation	2.3	3.4	0.1	1.4	2.2
No. of individual cases of infestation	232	135	7	91	364
No. of children excluded from school	40	15	—	—	55
No. of cleansing notices issued	26	—	—	—	26
No. of cleansing orders issued	21	—	—	—	21
No. of children compulsorily cleansed	14	—	—	—	14
Successful Legal Proceedings	1	—	—	—	1

VISION

All children with a visual acuity of 6/9 are kept under observation and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.

RESULTS OF VISION TEST

Age	No. Examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1209	1097	90.7	50	4.1	62	5.1
7	1371	1231	89.7	101	9.3	39	2.8
9	1160	1019	87.8	82	7.1	59	5.1
11	857	766	89.4	51	5.9	40	4.7
13	849	706	83.6	103	1.2	40	4.8
15	928	746	80.4	105	11.3	77	8.3
Total	6374	5565	87.3	492	7.7	317	4.9

A colour vision screening test is undertaken at 10 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical industries, Printing and Paint Trades defective colour vision would be a bar to employment.

HEARING

All the 7 year old children had their hearing tested by audiometer as a routine and of 1,328 children tested by the nursing staff, 29 were referred to the School medical officer for further investigation.

Seven children were provided with hearing aids during the year.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own Psychiatrist, Psychologist and the services of several Ophthalmologists on a sessional basis.

REFRACTION CLINIC

Refraction Clinics staffed by specialists are held at Morley Ossett and Wakefield. There were 136 children, equivalent to a waiting period of four months who were still waiting to be seen at the Morley eye clinic at the end of the year. This was due to the number of new referrals. There is virtually no waiting list for the Ossett and Wakefield Eye Clinics.

ATTENDANCES AT REFRACTION CLINIC IN 1966

	Wakefield	Morley	Ossett	Total
No. of sessions held	28	34	22	84
No. of new cases	63	163	47	263
No. of refractions carried out ..	310	460	231	801
No. of cases where spectacles were prescribed	102	203	117	422

EAR, NOSE AND THROAT CLINIC

With the consent of the general practitioner children requiring specialist attention are referred to the hospital clinics at Batley and Wakefield.

CHILD GUIDANCE CLINIC

The Child Guidance Clinics continue to operate both in Morley and in Ossett, one session each week. The Ossett Clinic provides ample work for the time allotted without overloading but at Morley the volume of work is approaching the point at which one session a week hardly covers the commitment and at times there is a delay of several weeks for the less urgent cases.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS

	Ossett	Morley
Number of sessions held	48	48
Number of new cases	20	31
Number of cases referred from 1965	8	15
Number of cases discharged or referred for residential accommodation	9	10
Number of cases carried forward to 1967	19	36

SPEECH THERAPY CLINIC

This clinic has been suspended because of the inability to fill the post of speech therapist.

HANDICAPPED PUPILS

Forty-three children were either initially ascertained or re-examined during the year and at the end of 1966 we had a total of 240 handicapped children on our register, three less than in 1965. Of these, 112 children were already receiving appropriate education in special schools. Fourteen physically handicapped children remain to be placed in special schools but the biggest problem remains the provision of appropriate special education both in special schools and the ordinary school for the educationally subnormal child. Thirty-nine of these children still await placement in special schools and seventy-one have been recommended for special educational treatment in the ordinary school. There is no doubt that there is a need for a Remedial Centre at which such children, normally in attendance at the ordinary school, could attend, say for one day a week. At such a Centre educational therapeutic methods could be undertaken by experienced staff and would undoubtedly be of benefit to such educationally subnormal children.

Handicapped Pupils recommended for Special Education at 31st December, 1966

Category	Morley	Gaskell	Total
Blind	—	—	—
Partially Sighted	1	6	7
Deaf	1	6	7
Partially Hearing	4	1	5
Educationally Subnormal	68	45	113
Physically Handicapped	5	11	16
Maladjusted	5	2	7
Delicate	4	5	9
Epileptic	—	1	1
Total	88	77	165

Pre-School Handicapped Children

Under the normal scheme congenital abnormalities are notified by the midwife on the birth notification card and in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitor, and their reports are submitted to the Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit of 20 beds for those subnormal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided in order to facilitate the close liaison with the Local Health Authority Service, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, biological, entomological and chemical investigations from General Practitioners and Public Health Department Staff.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

A total of 7,599 houses are on public supply.

The work to effect improvement in supply at Hall Green, Woolley Village and Haigh has been completed.

In general the supply of water has been satisfactory both in quality and quantity.

Drainage and Sewerage.

Work on the sewerage works at Middlestown has been completed. The schemes in preparation during the year were the re-design of the sewerage works at Walton, Crofton, Crigglestone and Warmfield.

Housing.

There is a total of 7,599 dwelling houses in the district, including 46 back-to-back houses.

During 1966 there were 390 new houses completed in the Wakefield Rural Area 64 being provided by the Council and 326 by private enterprise.

There were no unfit houses officially represented in Clearance Areas during the year. Sixteen houses not in clearance areas were demolished, and 34 individual unfit houses closed under Section 17 (1) of the Housing Act, 1957.

Rent Act, 1957.

No certificates of disrepair were applied for or granted.

Grants for Conversion or Improvement of Housing Accommodation.

During the year 72 formal applications were received for improvement and conversion works, all of which were approved.

Nuisance Inspections.

Nine informal notices and one Statutory Notice were issued. All were abated by the end of the year.

Sanitary Accommodation.

No. of houses provided with water closets	7577
No. of houses provided with waste water or trough closets	—
No. of houses provided with chemical closets	—
No. of houses provided with earth or pail closets	22
No. of earth closets etc. converted to water closets	12
No. of earth closets demolished	3
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	22

During the year notices were served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets. Grants were made as required.

Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances.

The paper sack system of refuse storage and collection was further extended by 666 units, bringing the total properties now in this system to 3,602.

This is the only system which ensures a dustless collection from door to vehicle. Experience of the system has been favourable, and extensions to it are planned.

Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping using mechanical aids.

Food Premises.

There are, in the district, 120 premises retailing food, excluding works canteens of which there are a further seventeen premises.

Twelve premises are butchers shops, seventeen are fish and chip shops, and five are bakehouses.

A total of 425 inspections and visits were carried out during the year under Food Hygiene Regulations and Meat Inspections. Foods condemned, and meat unfit for human consumption were disposed of either by collection by the manufacturers of fertilisers or buried on the refuse tip.

Ice Cream.

Under Section 16 of the Food and Drugs Act, 1955, 39 retailers are registered for the sale of ice cream.

Processed, Preserved and Manufactured Meats.

Under Section 16 of the Food and Drugs Act, 1955, twelve premises are registered for the production or sale of processed, preserved, pickled and manufactured meat.

Prevention of damage by Pests Act, 1949.

Under this Act a total of 275 inspections were made and 249 cases of infestation were dealt with during the year.

Swimming Baths and Bathing Pools.

There are no swimming baths or bathing pools in the area.

Clean Air Act.

Fifty-eight observations and inspections were undertaken. Where any breach of the Act occurred the offenders were immediately informed and the suitability or otherwise of fuels, techniques and plants established.

Improvements to existing plant have been, and are being effected at collieries within the area.

MEAT INSPECTION.

The following table gives details of the carcasses and offal inspected and condemned in whole or in part :—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	354	2	1	1082	—	—
Number inspected	354	2	1	1082	—	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	56	—	—	2	—	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	10.1%	—	—	0.18%	—	—
Tuberculosis only						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some organ or part condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cysticercosis						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generally diseased & totally condemned	—	—	—	—	—	—

**ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH IN RESPECT OF THE YEAR 1966 FOR THE
RURAL DISTRICT OF WAKEFIELD IN THE COUNTY
OF YORKSHIRE**

**Prescribed Particulars on the Administration of the
Factories Act, 1961**

PART I OF THE ACT

1—INSPECTIONS for purposes of provisions as to health
(including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occupi- ers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	49	33	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	12	—	—
Total ...	66	47	—	—

2—Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

PART VIII OF THE ACT**OUTWORK**

(Section 110 and 111)

Nature	Section 110			Section 111		
	No. of outwork ers in Aug. list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of Prose- cutions for failure to supply lists	No. of instan- ces of work in unwhole -some premises	Notices Served	prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing, apparel Making, Cleaning and Washing, etc.	2	—	—	—	—	—

